

Participant Information Change Form

Plan Name: _____

Participant Name: _____

Social Security Number: _____

1. **Participant Name Change:**

Participant's Current Name as listed on Plan Records:

Participant's New Name:

2. **Correct Social Security Number:** _____

3. **Participant Address Change:**

New Address: _____

4. **Date Information Change:**

Correct Date of Birth: _____

Correct Date of Hire: _____

Signature of Participant

Signature of Authorized Representative

Date: _____

Date: _____

Please return completed form to:
Paradigm Benefits
300 E. Bremer Ave., Ste. 220
Waverly, IA 50677

Or fax to: 319-352-8008